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Fax:	703-872-9306	Pages:	2
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Re:	Serial No. 09/490,540 Docket No. 7251/78196	CC:	

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Primary Examiner Poinvil,

An authorization for Mr. Zviel to act in a representative capacity in connection with the subject application is attached.


L. Friedman
Reg. No. 37,135

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Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of:		KIPNIS et al.		RECEIVED CENTRAL FAX CENTER SEP 28 2004					
Application No.		09/490,540							
Filed:		25 JAN 2000							
Title:		PORTABLE TRANSACTION DEVICE							
Attorney Docket No.		7251/78196		Art Unit: 3628					
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"><thead><tr><th>Name</th><th>Registration Number</th></tr></thead><tbody><tr><td>David Zviel</td><td>41,392</td></tr></tbody></table>						Name	Registration Number	David Zviel	41,392
Name	Registration Number								
David Zviel	41,392								
<p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>									
SIGNATURE of Practitioner of Record									
Name	L. Friedman								
Signature			Date	28 SEP 2004					
Registration Number	37,135		Telephone	312-526-1534					

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

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